

Amend the remaining claims as follows:

Sub D1
15. (Amended) In a method of treating infertility disorders by administering an LH-RH Antagonist and inducing follicle growth by administration of exogenous gonadotropin, the improvement of administering an amount of LH-RH Antagonist *in an amount effective* [so low as to] only to suppress endogenous LH, while *FSH* secretion is maintained at a natural level and individual estrogen development is not affected.

Sub C1 18. (Amended) The method according to claim 15 wherein after the inhibition of the action of natural LH caused by the LH-RH Antagonist, the follicle development is not externally stimulated [(e.g. by the addition of gonadotropins)] but maintained by endogenous gonadotropins.

Sub D3 19. (Amended) The method according to claim 18 wherein after the inhibition of the action of natural LH caused by Cetrorelix, the follicle development is not externally stimulated [(e.g. by the addition of gonadotropins)] but maintained by endogenous gonadotropins.

Sub C2 20. (Amended) The method according to claim 16 wherein Cetrorelix is administered subcutaneously in an amount [from 0,1 to 1 mg per days] *of about 0.25 mg or higher per day* during a multiple dosing posology.

Sub C4 26. (Amended) The method of claim [11] 16 in which